MARYLAND STATE DEPARTMENT OF HEALTH 11033

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norfolk
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lucy	Alice	Allen	11/	24/	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
female	white	Widowed	10/22/1870	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		West Virginia	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Newton Allen	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		none	Syble A. Henderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — 24 hrs

422.2 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1949, to Nov. 24, 1949, that I last saw the deceased alive on Nov. 23, 1949, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul A. Cannalis	MD	Leonardtown Md	11/25/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/28/49	Cedar Hill	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/25/49	Paul A. Cannalis	P.B. Robinson	Leonardtown, Md.

11034

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY: St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Avenue
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: District of Columbia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1417 Mass. Ave. S.E.

3. NAME OF DECEASED (Type or Print) (First) Clifton (Middle) Edwin (Last) Arendes
4. DATE OF DEATH (Month) 11 (Day) 13 (Year) 1949
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 8-2-1922
9. AGE last birthday: 27 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: laborer
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Bernard Arendes
14. MOTHER'S MAIDEN NAME: Lula Passens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Dorthy Jean Arendes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Extreme injuries — INTERVAL BETWEEN ONSET AND DEATH: immediate

816.5 Antecedent cause(s)

170c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway
(CITY OR TOWN) Avenue (COUNTY) St. Marys, (STATE) Md.
TIME OF INJURY (Month) 11 (Day) 13 (Year) 49 (Hour) 12:30 A.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Auto collision

22. I hereby certify that I attended the deceased from Deadwhen first seen, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Leonardtown, Md. DATE SIGNED: 11/13/49

23. BURIAL, CREMATION REMOVAL (Specify): removal
DATE: 11-13-49
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Washington D.C.
DATE REC'D BY LOCAL REG.: 11/13/49
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: F. B. Robinson, Leonardtown, Md. ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of age shown on:

FILM No. G 122 NOV 22 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11035

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Inigoes
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Inigoes
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Louise (Middle) Jane (Last) Bennett

4. DATE OF DEATH (Month) 11 (Day) 11 (Year) 1949

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH 1-12-1869

9. AGE last birthday 80 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME Erin Carter

14. MOTHER'S MAIDEN NAME Dollie Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Queenie Rogers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	10 days
331 Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arteriosclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1949, to Nov 11, 1949, that I last saw the deceased alive on Nov 10, 1949, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H Bean MD Great Mills Md Nov 13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 11-13-49

NAME OF CEMETERY OR CREMATORY Mt. Zinon

LOCATION (City, town, or county) St. Inigoes Md. (State)

DATE REC'D BY LOCAL REG. 11/13/49

REGISTRAR'S SIGNATURE Carr Allen

24. FUNERAL DIRECTOR P B Robinson ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 16 1949
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

11036

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; MARYLAND; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morganza; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) Minnett (Last) Burroughs

4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 4-1893

9. AGE last birthday: 56 yrs. If under 1 year: Months 3 Days 21 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Alexander G. Burroughs

14. MOTHER'S MAIDEN NAME: Susan H. Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: John A. Burroughs

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bilateral Bronchopneumonia	11/21/49
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis - Acute nephritis	10/1/49
932	(c) —	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked Varicose ulcer Lt Leg

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from Nov 20, 1949, to Nov 25, 1949, that I last saw the deceased alive on Nov 25, 1949, and that death occurred at 1.05 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Alapius C Welch M.D.		Chaptico St Mary's Co Md	11/25/49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 28-1949	St Joseph	Morganza St Mary's Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/26/49	Recealer	Jos C Mattingley	Leonardtown Md

VS. A15

RECEIVED
NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11037

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Dameron; LENGTH OF STAY (in this place) 70 yrs; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Dameron; STREET ADDRESS (If rural, give location) ½ mile E. of Dameron Md.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Wade Hampton (Last) Dorsey

4. DATE OF DEATH: (Month) November (Day) 30 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 1, 1879

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mary A. Courtney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS (wife): Mary Dorsey Dameron, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Arteriosclerosis — Interval Between Onset and Death: 5 years

450.0

Antecedent cause(s)

97

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1949, to Nov. 30, 1949, that I last saw the deceased alive on Nov. 28, 1949, and that death occurred at 8:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P.J. Beany M.D. Great Mills Md 12/1/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Dec. 3, 1949

NAME OF CEMETERY OR CREMATORY: St. Peters Church Cemetery

LOCATION (City, town, or county) (State): Ridge, St Marys, Md

DATE REC'D BY LOCAL REG: Dec. 1-49

REGISTRAR'S SIGNATURE: P.J. Beany, M.D.

24. FUNERAL DIRECTOR: P. B. Robinson ADDRESS: Leonardtown Md.

VS. A15

RECEIVED
DEC 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11638

Reg. Dist. No. 282

1. PLACE OF DEATH:

County: St Mary's

City or town: Mechanicsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 42 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Mechanicsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME SANFORD (Last name) BLANCH (First name) GOLDSBOROUGH (Maiden name)

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	M

6.(b) Name of husband or wife: Steiner Sanford

6.(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): Dec 13 1906

8. AGE: Years	Months	Days	If less than one day
42	11		hrs. min.

9. Birthplace: Morganza, St Mary's Co (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name: James Goldsborough

13. Birthplace: St Mary's Co

MOTHER — 14. Maiden name: Lucy Ann Farrell

15. Birthplace: St Mary's Co

16. Informant: Steiner Sanford

Address: Mechanicsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 16-1949 (month) (day) (year)

Cemetery or crematory: St Joseph

Location: Morganza Md

18. Funeral director: Jos C. Mattingley

Address: Leonardtown Md

19. 11/15 1949 (Date rec'd by registrar) Camalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 13 Nov 1949 at 11 5/6 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 14 July 1949 to 13 Nov 1949 and that I last saw h[illegible] alive on 13 Nov 1949

Immediate cause of death	DURATION
Uremia secondary to Anemia	3 mos
Due to Metastatic Carcinoma from Ca. of cervix	1 yr ?
Other conditions	

171

48a

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Roy Gunther M.D. M. D. or other

Address: Mechanicsville Date signed 11/21/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
NOV 16 1949
BUREAU V. S.

Evidence for addition of 18b & 18c shown on:

FILM No. G 125 DEC 6 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11039

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Abel
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Abel
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): William Francis Jackson

4. DATE OF DEATH (Month) (Day) (Year): 11 16 1949

5. SEX: male

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1-31-1893

9. AGE last birthday: 56 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Jackson

14. MOTHER'S MAIDEN NAME: Esther Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 215-03-3603

17. INFORMANT: Minnie Louise Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Indigestion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

544.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Overeating

118

(c) Had not been sick for years [12/6/49 akc]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19....., to —, 19....., that I last saw the deceased ~~alive~~ dead on 11-16, 1949, and that death occurred at 9:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert V. Palmer Avenue Md 11-18-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11-18-49

NAME OF CEMETERY OR CREMATORY: All Saints

LOCATION (City, town, or county) (State): Oakley Md

DATE REC'D BY LOCAL REG.: 11-18-49

REGISTRAR'S SIGNATURE: R. V. Palmer

24. FUNERAL DIRECTOR: W. C. Matterly Sons

ADDRESS: Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 23 1949
U. S. D. V. S.

11040

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY: St. Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown LENGTH OF STAY (in this place): 11 hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dameron
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Mary's Hosp.	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Jennifer (Last)

4. DATE OF DEATH (Month) 11 (Day) 12 (Year) 1949

5. SEX: female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 2 Oct 1874 Unknown

9. AGE last birthday: 75? yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Percy Evans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Post traumatic shock	12 hours
812.5 Antecedent cause(s)	(b) Multiple fractures, laceration	12 hours
170 C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway (CITY OR TOWN) Dameron (COUNTY) St. Mary's (STATE) Md.

TIME OF INJURY (Month) 11 (Day) 12 (Year) 49 (Hour) 8 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Struck by auto

22. I hereby certify that I attended the deceased from dead, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Leonardtown, Md. DATE SIGNED: 11/13/49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 11/15/49 NAME OF CEMETERY OR CREMATORY: St. Peters LOCATION (City, town, or county): Bridge (State) Md.

DATE REC'D BY LOCAL REG.: 11/14/49 REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: P.B. Robinson, Leonardtown ADDRESS: Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 16 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11041

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: St. MARYS — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Dispensary, NAS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Louisiana — COUNTY: Beauguard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Merryville
STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): (First) Bruce (Middle) Lamar (Last) KELLOGG

4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-24-25

9. AGE last birthday: 24 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): USMarine Corps

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fulton, La.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): 9-5-42 to present

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Official USMC Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

821.5 Immediate cause (a) FRACTURE, SKULL, COMPOUND WITH BRAIN DAMAGE AND CEREBRAL ARTERY INVOLVEMENT. — Interval Between Onset and Death: 12 hrs.

Antecedent cause(s)

170d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Public Highway

(CITY OR TOWN): Oakville, (COUNTY): St. Marys, (STATE): Md.

TIME OF INJURY: (Month) 11 (Day) 20 (Year) 1949 (Hour) 2 p m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?: Was thrown from motorcycle

22. I hereby certify that I attended the deceased from 11-20, 1949, to 11-21, 1949, that I last saw the deceased alive on 11-21, 1949, and that death occurred at 2:07 a.m., from the causes and on the date stated above.

SIGNATURE: Paul Vaughan — (Degree or title): CAPT MC USN — ADDRESS: Dispensary, US NAS, Patuxent River, Md. — DATE SIGNED: 11-21-49

PAUL VAUGHAN

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE: 11/23/49 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): De Ridder, Louisiana.

DATE REC'D BY LOCAL REG.: 11/23/49 — REGISTRAR'S SIGNATURE: Cancelled

24. FUNERAL DIRECTOR: C B Robinson — ADDRESS: Leonardtown, Md.

VS. A15

RECEIVED
Nov 25 1949
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11042

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NAS, Patuxent River
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Naval Dispensary, NAS, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Pennsylvania — COUNTY Lancaster
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN York
STREET ADDRESS (If rural, give location) 1016 Lafayette St. ✓

3. NAME OF DECEASED (Type or Print): (First) Leona (Middle) Jean (Last) KING

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 19 40

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-29-15

9. AGE last birthday: 34 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Myers

14. MOTHER'S MAIDEN NAME: Alice Margaret Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): --

16. SOCIAL SECURITY No.: --

17. INFORMANT AND ADDRESS: Husband, Jake King, ADC USN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset and Death

322.0 **Immediate cause** (a) Edema, pulmonary, and edema, brain — 24 hrs.

Antecedent cause(s)

77C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Poisoning, acute, alcoholic — 10 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN) (COUNTY) (STATE): --

TIME OF INJURY: (Month) -- (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from 10-31, 19 49, to 11-1, 19 49, that I last saw the deceased alive on 11-1, 19 49, and that death occurred at 10:45 P m., from the causes and on the date stated above.

SIGNATURE Paul Vaughan — (Degree or title) CAPT MC USN — ADDRESS US NAS, Patuxent River, Md. — DATE SIGNED 11-3-49

PAUL VAUGHAN

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11/5/49 — NAME OF CEMETERY OR CREMATORY: Fairmont Cemetery — LOCATION (City, town, or county) (State): Wrightsville, Penn.

DATE REC'D BY LOCAL REG. 11/3/49 — REGISTRAR'S SIGNATURE Carmalee

24. FUNERAL DIRECTOR: P.B. Robinson — ADDRESS: Leonardtown, Md.

RECEIVED
1949

11043

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County: St. Mary's

City or town: Leonardtown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Days

Hospital, institution, or street address where death occurred: St Mary's Hosp. Leonardtown, Md

How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: St Mary's

City or town: Budds Creek
(If outside city or town limits, write RURAL and give nearest town)

Street No. ..... (If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME: Janie S. Maguire

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	M

6.(b) Name of husband or wife: U. Lee Maghire

6.(c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.): 17 Mar. 1875

8. AGE:

Years	Months	Days	If less than one day
74	8	5	..... hrs. ..... min.

9. Birthplace: Budds Creek St Mary's Md
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: same

FATHER
12. Name: John F. Ching
13. Birthplace: St Mary's Co

MOTHER
14. Maiden name: Isabella Alvey
15. Birthplace: St Mary's Co

16. Informant: U Lee McGuire

Address: Budds Creek Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 23 1949 (month) (day) (year)

Cemetery or crematory: Christ Church Cemetery

Location: Chaptico Md

18. Funeral director: Jos C. Mattingley

Address: Leonardtown Md

19. 11/22 1949 (Date rec'd by registrar) Camden Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 21 1949 at 4:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1949 to 21 Nov 1949 and that I last saw her alive on 21 Nov 1949

Immediate cause of death: Cardiac failure, chronic — DURATION: 3 Mos
Pulmonary edema, acute — 12 Hrs

Due to: Arteriosclerotic cardio-

Due to: Vascular disease

422.1

Other conditions: 93d
(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. .....

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: J. Roy Gruyther, M.D. M. D. or other

Address: Mechanicsville Md Date signed 11/21/49

VS-A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 25 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11044

Reg. Dist. No. 28/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dameron
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dameron
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Dale (Middle) Elieen (Last) Tephabock

4. DATE OF DEATH: (Month) 11/25/ (Day) 49 (Year) 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 9/16/1935

9. AGE last birthday: 14 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): west virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Vernon Tephabock

14. MOTHER'S MAIDEN NAME: Marjorie Weasenforth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Vernon Tephabock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar pneumonia — 3 days

490 Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 23, 1949, to Nov 25 1949, that I last saw the deceased alive on Nov 25, 1949, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P J Brown MD Great Mills Md 11/25/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 11/28/49 NAME OF CEMETERY OR CREMATORY Trinity LOCATION (City, town, or county) (State) St. Marys City, Md.

DATE REC'D BY LOCAL REG. Nov 26/49 REGISTRAR'S SIGNATURE P J Brown MD

24. FUNERAL DIRECTOR P.B. Robinson ADDRESS Leonardtown, Md.

RECEIVED
NOV 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River, Md.
LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Naval Dispensary, US NAS, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River,
STREET ADDRESS (If rural, give location): NAS

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Andrew (Last) WARREN

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-20-11

9. AGE last birthday: 38 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Navy

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY?: --

13. FATHER'S NAME: T. L. WARREN

14. MOTHER'S MAIDEN NAME: Ethel (last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes, Oct. '39 — (If year, give war or dates of service): Present

16. SOCIAL SECURITY NO.: --

17. INFORMANT AND ADDRESS: Wife, Mrs. Elsie Warren, NAS, Patuxent River, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Thrombosis, coronary artery — Interval Between Onset and Death: Immediate

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, coronary artery — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -

(CITY OR TOWN) (COUNTY) (STATE): -

TIME OF INJURY (Month) (Day) (Year) (Hour): - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: -

22. I hereby certify that I attended the deceased from 11-7, 1949, to 11-7, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) DC Dixon — ADDRESS: D. C. DIXON, LTJG MC USN, Dispensary, US NAS, Patuxent River, Md. — DATE SIGNED: 11-7-49

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE: 11-8-49 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Birmingham, Alabama

DATE REC'D BY LOCAL REG.: 11/8/49 — REGISTRAR'S SIGNATURE: Canvaccini

24. FUNERAL DIRECTOR: R B Robinson, Leonardtown — ADDRESS: md

RECEIVED
NOV 9 1949
BUREAU V. S.

Evidence for addition in 18a shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11046

CERTIFICATE OF DEATH

Reg. Dist. No. 212

No. G 123 DEC 20 1949

1. PLACE OF DEATH
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermansville
LENGTH OF STAY (in this place) 18 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermansville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Ravanna (Middle) J (Last) Williamson Jr
4. DATE OF DEATH: (Month) Nov (Day) 20 (Year) 19 49
5. SEX: Male
6. COLOR OR RACE: Mulatto
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Nov 27 1946
9. AGE last birthday: 2 yrs.
If under 1 year: Months 11 Days 24
If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country): Maryland Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Roger Williamson Jr
14. MOTHER'S MAIDEN NAME: Florence B - Bey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT: Florence Williamson Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH: ?

Immediate cause (a) Meningitis, Epidemic (12/10/49 dx)

057.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Child was ill 25 days under observation of 5 Physicians

81a (c) Was examined + X-Rayed at Johns Hopkins 11/13/49

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11/19, 1949, to 11/20, 1949, that I last saw the deceased alive on 11/19, 1949, and that death occurred at 7:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E.K. Thompson M.D. ADDRESS Lexington Park DATE SIGNED —

23. BURIAL, CREMATION REMOVAL (Specify): cremation
DATE THEREOF: Nov-23-1949
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Prince Georges MD
DATE REC'D BY LOCAL REG. 11/22/49
REGISTRAR'S SIGNATURE: Carmalee
24. FUNERAL DIRECTOR: Jos C. Mattingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11047

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH
COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Park Hall
STATE: MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Park Hall
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Robert (Last) Wood

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 49 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 12/4/1865

9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: James Irvan Wood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 3 weeks

Antecedent cause(s)

391

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

83a

(b) Senile arteriosclerosis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Nov. 26, 1949, that I last saw the deceased alive on Nov. 25, 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE: P J Benson (Degree or title) MD

ADDRESS: Great Mills Md

DATE SIGNED: 11/26/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 11/27/49

NAME OF CEMETERY OR CREMATORY: St. Michaels

LOCATION (City, town, or county) (State): Ridge, Maryland

DATE REC'D BY LOCAL REG.: Nov 26, 1949

REGISTRAR'S SIGNATURE: P J Benson MD

24. FUNERAL DIRECTOR: P. B. Robinson

ADDRESS: Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11048

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ST. MARYS — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR ~~INSTITUTION~~ OR STREET ADDRESS ST. MARYS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HOLLYWOOD.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ALICE (Last) WOOD

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: AUG 16-1874

9. AGE last birthday: 75 yrs. If under 1 year: Months 2 Days 26 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Rhodolphus Thompson

14. MOTHER'S MAIDEN NAME: Arabella E. Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Mrs Louise Abell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 **Immediate cause** (a) Uremia and cerebral vascular accident — 20 days

830 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Nov 11, 1949, that I last saw the deceased alive on Nov 10, 1949, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE Roy Gaither, MD (Degree or title) ADDRESS Mechanicsville Md DATE SIGNED Nov 11, 1949

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 11/14/49 | NAME OF CEMETERY OR CREMATORY ST. JOHNS | LOCATION (City, town, or county) HOLLYWOOD (State) Md.

DATE REC'D BY LOCAL REG. 11/13/49 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Jos. L. MATTINGLEY ADDRESS LEONARDTOWN

VS. A15

RECEIVED
NOV 18 1949
BUREAU U. S.